

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		<b>Docket Number (Optional)</b> WUR 50656-2	
<b>Application Number</b> 10/799,234		<b>Filed</b> March 12, 2004	
<b>For</b> INTERNAL MOLD RELEASE COMPOSITIONS			
<b>Art Unit</b> 1796		<b>Examiner</b> Rabon A. Sergeant	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

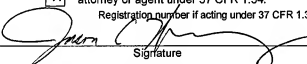
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.  
☐ A check in the amount of the fee is enclosed.  
☒ Payment by credit card via EFS-Web.  
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Director is hereby authorized to charge any deficiency of fees which may be required, or credit any over payment to Deposit Account Number 20-0782/HUNTS/0012USC1/JCH.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.  
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
    Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  
☐ attorney or agent of record. Registration Number \_\_\_\_\_  
☒ attorney or agent under 37 CFR 1.34.  
    Registration number if acting under 37 CFR 1.34 46,222

  
 \_\_\_\_\_  
 Signature  
 Jason C. Huang  
 \_\_\_\_\_  
 Typed or printed name

10-26-2009  
 \_\_\_\_\_  
 Date  
 (713) 623-4844  
 \_\_\_\_\_  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form is submitted.